

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/254078	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				2			54						
5				2			55						
6				2			56						
7				2			57						
8				2			58						
9				2			59						
10				2			60						
11				2			61						
12				2			62						
13				2			63						
14				2			64						
15				2			65						
16				2			66						
17				2			67						
18				2			68						
19				2			69						
20				2			70						
21				2			71						
22				①			72						
23				①			73						
24				①			74						
25							75						
26							76						
27							77						
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29							79						
30							80						
31							81						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.				42			TOTAL DEP.						
TOTAL CLAIMS				43			TOTAL CLAIMS						